

PROGRAM REGISTRATION FORM

2598 West Main St. • Sun Prairie, WI 53590 • 608-837-3449 • Fax: 608-825-0716 • rec@cityofsunprairie.com

Parent/guardian full name(s): _____

Primary home address: _____

Secondary home address (if applicable): _____

Please check one: City of Sun Prairie resident SPASD resident (by default) Non-resident

Home phone: _____

Cell phone: _____ Alternate cell phone: _____

Work phone: _____ Company name: _____

Email (Required for receipts and updates on programs you are registered for): _____

<input type="checkbox"/> I have read and agree to the CONCUSSION INFORMATION DOCUMENT <small>(Please review information on page 5 or on our website at www.cityofsunprairie.com/recreation-aquatics)</small> <input type="checkbox"/> I have completed the Waiver of Liability on reverse page.	T-shirt Sizing/Options YOUTH SIZES: YS (youth small) 6-8, YM (youth medium) 10-12, YL (youth large) 14-16 ADULT SIZES: AS (adult small), AM (adult medium), AL (adult large), AXL (adult extra large) <i>*If a size is needed that is not listed above, please contact staff to inquire. No guarantee of availability above/beyond the sizes listed above.</i>
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PARTICIPANT #1

Full name: _____

Date of birth (MM/DD/YY, required): _____

Gender (check one): Female Male

T-shirt size (if applicable, see above): _____

Food/material allergies? (check one): YES NO

Explain: _____

Special assistance needed? (check one): YES NO

Explain: _____

Program name:	
Registration #:	Fee:
Alternate program:	
Registration #:	Fee:
Program name:	
Registration #:	Fee:
Alternate program:	
Registration #:	Fee:
Program name:	
Registration #:	Fee:
Alternate program:	
Registration #:	Fee:
Program name:	
Registration #:	Fee:
Alternate program:	
Registration #:	Fee:

FEE SUBTOTAL FOR PARTICIPANT #1: _____

PARTICIPANT #2

Full name: _____

Date of birth (MM/DD/YY, required): _____

Gender (check one): Female Male

T-shirt size (if applicable, see above): _____

Food/material allergies? (check one): YES NO

Explain: _____

Special assistance needed? (check one): YES NO

Explain: _____

Program name:	
Registration #:	Fee:
Alternate program:	
Registration #:	Fee:
Program name:	
Registration #:	Fee:
Alternate program:	
Registration #:	Fee:
Program name:	
Registration #:	Fee:
Alternate program:	
Registration #:	Fee:
Program name:	
Registration #:	Fee:
Alternate program:	
Registration #:	Fee:

FEE SUBTOTAL FOR PARTICIPANT #2: _____

Total fees for participants 1-2: \$ _____	
*Scholarship donation: \$ _____	
TOTAL AMOUNT ENCLOSED: \$ _____	

***Scholarship Donations**

"Mark Up" for recreation: Add \$1 or more to your total fees to help provide assistance for those unable to afford the program fees for recreation activities.

FORM OF PAYMENT (can use more than one)

Cash: \$ _____ Check: \$ _____ (Check #: _____) Checks are to be written out to "City of Sun Prairie" and must have driver's license # on it

ActiveNet Account Credit: \$ _____ Name credit is under: _____

Debit/Credit Card (circle one): AMERICAN EXPRESS MASTERCARD VISA Name as it appears on card (please print): _____

Card #: _____ - _____ - _____ Expiration Date (MM/YY): ____ / ____ Card Security Code (3 digit # on back of card): _____

Card holder's signature: _____

WAIVER AND RELEASE OF LIABILITY FORM

BEFORE SIGNING THIS WAIVER AND RELEASE OF LIABILITY, READ THIS ENTIRE DOCUMENT CAREFULLY. IF YOU SIGN THIS WAIVER AND RELEASE OF LIABILITY AND AN INCIDENT OCCURS RESULTING IN INJURY OR LOSS OF PROPERTY, THEN YOU WILL BE GIVING UP LEGAL RIGHTS THAT YOU MIGHT OTHERWISE HAVE. IF YOU DO NOT UNDERSTAND ANYTHING IN THIS DOCUMENT, OR IF YOU OBJECT TO ANY PROVISION CONTAINED IN THIS DOCUMENT, YOU SHOULD NOT SIGN THIS DOCUMENT AS IT IS DRAFTED, BUT RATHER SEEK ADVICE FROM YOUR LEGAL COUNSEL. REQUESTS FOR MODIFICATIONS MAY BE DIRECTED TO THE CITY ATTORNEY'S OFFICE AT (608) 825-1158 WEEKDAYS BETWEEN 8:00 AM AND 4:30 PM.

By signing the Waiver of Liability, I understand that any activity with the City of Sun Prairie Recreation Department has inherent risks associated with it, which could result in harm and/or losses to myself or my child(ren) whether or not known or readily foreseeable at this time, and which might result not only from my own act of omission, but also from the actions, inactions or negligence of others, or the condition of the premises or equipment used. No accident or other insurance is provided through the City of Sun Prairie.

By signing this Waiver of Liability, I fully accept all such risks of any injury, damage or loss regardless of severity that may be sustained and all responsibility for losses, costs and damages incurred in any and all activities connected with or associated with the City of Sun Prairie Recreation Department.

By signing this Waiver of Liability, I agree to waive, relinquish, discharge, release and covenant not to sue the City of Sun Prairie, Wisconsin, its officers, employees and agents from all claims of injury, damage, or loss that may accrue arising out of, connected with, or in any way associated with the activities with the City of Sun Prairie Recreation Department as identified in this Waiver of Liability. This waiver of liability does not apply intentional misconduct of the City of Sun Prairie.

Medical Emergency Release Waiver for Minors

In the event of a medical emergency, I authorize the Recreation Department staff to obtain medical treatment for my son/daughter or minor for which I am a guardian.

Photographic Release

By signing the Waiver of Liability, I hereby grant and convey unto the City of Sun Prairie all right, title, and interest in any and all photographic images and video or audio recordings made by the City of Sun Prairie during the undersigned's Activities with the City of Sun Prairie, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

I have read this Waiver and Release of Liability thoroughly and fully understand and enter into it on behalf of myself, my heirs, next of kin, assigns, and personal representatives. No one has made any representations, statements, or inducements that change or modify anything written in this Waiver and Release of Liability.

Print Name of Participant	Print name of Parent/Guardian (If participant is a minor)	Age of Child (If participant is a minor)
Address	Parent/Guardian or Adult Participant Signature	
City, State, Zip	Phone Number	Date
Witness:		
Signature	Date	
Printed Name	Phone	